Inquiring Minds

News and notes from the Department of Clinical Investigation
Walter Reed Army Medical Center
Washington, D.C.

April 2001

Congratulations to the Bailey K. Ashford Research Award Nominees!

The Department of Clinical Investigation is proud to announce the following nominees for the 27th Annual Bailey K. Ashford Clinical and Laboratory Research Award:

Clinical: CPT Noel Ales, CPT Jeannie Baquero, MAJ Chester Buckenmaier, MAJ Brennan Carmody, CPT Roger Fincher, CPT Julianne Flynn (USAF), LTC Jeffrey Gambel, CPT Keith Kaplan, CPT Steve Kent, CPT Erin Leopold, CPT Alexander Niven, MAJ Anthony Ramage, MAJ Particio Rosa, CPT Erik Rupard, MAJ Stephen Salerno, CPT Derek Stocker, and LT Daniel Tveit (USNR)

Laboratory: LCDR Adam Armstrong (USNR), CPT Benjamin Cable, MAJ Richard Gullick, MAJ Stephen Lawson, CPT Collen Lennard, MAJ Arthur Lyons, MAJ Caroline Maylock, LCDR Jeffrey McKeeby (USNR), CPT Kimberly Moran, CPT Michael Rajnik (USAF), CPT Ann Straight, MAJ David Ward, and MAJ Jon Woods (USAF)

The BKA is presented annually to the graduating trainee who has contributed the most significant research during his/her years of training at WRAMC. Finalists will be chosen by a selection committee, with each finalist presenting his/her major research findings at the BKA Symposium on 3 May in Joel Auditorium at 1300 hours. DCI invites the WRAMC community to join us for these presentations.

All finalists will be presented with an Army Commendation Medal, with the award winners (one from each category) presented with an engraved medallion and a $750 prize at the graduation ceremony on 15 June.

A poster session will also be included as part of the symposium to feature some of the exceptional research achievements of our graduating residents and fellows in Rm 2H26 from 1000 to 1700 hours.

For questions about the award or symposium, please contact CPT Ken Capps at (202) 782-7823 or via E-mail at Ken.Capps@na.amedd.army.mil.

IRB Calendar

The following Institutional Review Board (IRB) meetings will be held in the months of April, May, and June 2001:

CLINICAL INVESTIGATION COMMITTEE (CIC):

03 April	08 May
10 April	05 June
01 May	12 June

HUMAN USE COMMITTEE (HUC):

17 April	22 May
24 April	19 June
15 May	26 June

INSTITUTIONAL BIOSAFETY COMMITTEE (IBC):
14 June

All meetings will begin at 1300 and will be held in the fourth floor conference room, Building 6, WRAMC.

WRAMC Clinical Breast Care Project

Guests joined MG Harold Timboe, COL Michael Dunn, and project director, LTC(P) Craig D. Shriver, on 8 February for the Space Dedication Ceremony of the Clinical Breast Care Project (CBCP) at Ward 55 in Heaton Pavilion. The ceremony included a walk through of the planned facility and an overview of the project.

The CBCP at WRAMC is part of a cooperative research and clinical program aimed at advancing the quest for early breast cancer detection and cure. The program is comprised of five components: clinical care, tissue banking, risk reduction, informatics, and focused research.

Renovations have already begun on Ward 55, which will offer state-of-the-art care for breast cancer patients and is expected to be up and running as early as July 2001.

The Risk Reduction program at WRAMC has been open since November and has already seen over 50 patients. This program has established a screening program to identify women who are at high risk of developing breast cancer and to then enter them into a very time- and resource-intensive risk reduction program. LTC Shriver

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FAQs Regarding Publication Clearance

So you think that you're all ready to submit your manuscript for publication on your research project? You've checked and double-checked all the facts and figures. Is there anything that you're forgetting? WRAMC investigators are reminded that there is an administrative clearance process for written publications. These Frequently Asked Questions (FAQs) aim to clear up any confusion that WRAMC investigators may have regarding publication clearance.

Q. What publications have to be cleared by DCI for publication?
A. All written materials (e.g., manuscripts, abstracts, case reports, book chapters, etc) reflecting the WRAMC affiliation must be cleared through the Public Affairs Office and DCI. The following publications and abstracts require WRAMC approval:

- Reports involving WRAMC patients.
- Reports citing WRAMC in the title or byline.
- Reports of WRAMC approved clinical investigation research projects.
- Reports of research performed at WRAMC.
- Reports of research conducted by WRAMC assigned personnel.

Q. What publications do not have to be cleared by DCI?
A. The following do not require WRAMC approval:

- Speeches.
- Letters to the editor when expressing a personal opinion.
- Works of fiction such as short stories, novels, movies, or plays.

Q. When does my publication need to be cleared through DCI?
A. Proper clearance must be obtained before the publication is submitted for publication in a journal, book, etc..

Q. How do I obtain publication clearance through DCI?
A. The following must be completed to clear your publication:

- Complete a publication clearance form found on the DCI website (Pub-clear.doc) and attach it to a copy of your manuscript.
- Have your service and department chief review and initial the form.
- Forward to the Public Affairs Office (Bldg 1, 1st floor) for approval.
- PAO will forward to DCI to verify that the research has received the appropriate institutional approval (additional approval by the Directorate of Telemedicine may be required for Web publications).
- After review and approval by DCI, the approved publication is returned to the PI.

Q. Who is the POC for publication clearance?
A. CPT Ken Capps at 782-7823.
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Applied Research Design Workshop

The Department of Clinical Investigation is proud to announce the Applied Research Design Workshop for military and civilian clinician researchers (and aspiring researchers) at Walter Reed Army Medical Center.

This is a four-part series of workshops to provide clinical investigators with the opportunity to learn and apply the principles of good research design in the development of a research proposal. The course is limited to 12 participants and is free of charge to WRAMC personnel.

The objectives of the workshop are to 1) to discuss the principles of good research (including the fundamentals of research design and the role of hypothesis testing), 2) to discuss the objectives of each section of a research proposal by reviewing an example, and 3) to develop a memorandum describing the main features of your proposed research topic that would serve as the basis for developing a WRAMC research protocol with further consultation with a Research Mentor and DCI Biostatisticians.

Each session consist of a one-hour seminar discussion followed by a break and then an hour of "hands-on" work developing parts of the research project. Each participant receives a course notebook with presentation and workshop notes, pertinent handouts and articles, and a certificate of completion. The instructors for this course are Dr. Gregory Fant, Biostatistican and MAJ Catherine Dinauer, Assistant Chief of DCI.

The course meets one afternoon a week for four, consecutive, Wednesday afternoons from 1330-1600 during the month of April (April 4, 11, 18, 25) in Bldg 6 (Borden Pavilion), 4th floor, DCI Conference Room. While registration for this iteration has closed, future courses are planned.

If you need further information or are interested in attending future courses, please contact Dr. Gregory Fant at (202) 782-7866 or E-mail: Gregory.Fant@na.amedd.army.mil

Statistical analysis and the related statistical tests

By Gregory Fant, PhD, MPA, MSPH

Statistical analysis is not singularly concerned with the generation of numbers (e.g., p-value) from a particular statistical test when applied to a data set. Statistical analysis, instead, is part of a process used to address or answer a research question where uncertainty and variability are present. Chou (1969; 1975) identified and explained an outline of statistical investigation that included five stages: 1) formulation of the problem; 2) design of experiment; 3) collection of data; 4) organization and description of data; and 5) inference or decision making. These five stages can be applied to activities in various fields of study, including medical, public health, and epidemiological research activities.

The stages by Chou (1969; 1975), however, do little in helping to select an appropriate statistical test for a research problem. An alternative explanation of the process of statistical analysis exists (SAS Book 55916, 1998). In this alternative, the investigator defines a population of interest (or "target population") for a particular problem. From this population, a representative sample is identified. Sample statistics are, then, collected from the representative sample. The sample statistics may be used in a way to describe the random sample; the sample statistics, also, may be employed to make inferences back to the "target population" after evaluating a pair of statistical hypotheses.

This latter method of conceptualizing the stages of statistical analysis suggests the two types of statistical tests available for problem-solving. In general, descriptive statistics are used in the analysis process to describe the main characteristics of a representative sample. The concern is with organizing the sample characteristics by describing the central tendency of the sample (e.g., mode, mean, median, etc.), the spread of the values comprising the sample (e.g., kurtosis, standard deviation, etc.), the frequency distribution of sample values (e.g., a frequency table, etc.), and graphically illustrating these descriptive characteristics (e.g., histographs, bar charts, a scatter plots, etc.).

By contrast, inferential statistics are employed to evaluate a pair of statistical hypotheses and to make generalizations from the sample to the "target population" by using sample data. The "problem formulation stage" posited by Chou (1969; 1975) is critically important when selecting an inferential statistical test because this problem becomes the goal of inferential analysis. As shown in the following table (see Table 1), the goals of analysis and data type initially help determine the type of statistical test to use in statistical data analysis.

For brevity, a biostatistican or researcher may report that study data need to be described and further analyzed. In reality, the biostatistician and researcher acknowledge that either method of conceptualizing statistical analysis must be performed using study data. These stages should be used when analyzing data collected from medical research activities, as well. Afterwards, an investigator may discuss the clinical meaning and possible clinical application of the statistical findings.

References:

Chou, Ya-lun. Statistical Analysis, second edition. New York: Holt, Rinehart, and Winston, 1969, 1975.

SAS Institute. Basic Statistics Using SAS Software Course Notes (book code: 55916). Cary, NC: SAS Inst, Inc.,1998.

Table 1: A framework for selecting a statistical test

	Data type			
Statistical goal	Measurement data (parametric assumptions)	Rank, Score, or Measurement data (nonparametric assumptions)	Binomial data (two possible outcomes)	Survival time
Describe one group	mean, standard deviation	median, interquartile range	Proportion	Kaplan Meier survival curve
Compare one group to a hypothetical value	one-sample t test	Wilcoxon test	Chi--square or binomial test	
Compare two unpaired groups	unpaired t test	Mann-Whitney test	Fisher's test (chisquare for large samples)	Log-rank test or Mantel-Haenszel test
Compare two paired groups	paired t test	Wilcoxon test	McNemar's test	Conditional proportional hazards regression
Compare three or more unmatched groups	one-way ANOVA	Kruskal-Wallis test	Chi-square test	Cox proportional hazard regression
Compare three or more matched groups	Repeated-measures ANOVA	Friedman test	Cochrane Q test	Conditional proportional hazards regression
Quantify association between variables	Pearson correlation	Spearman correlation	Contingency coefficients	
Predict value from another measured variable	simple linear regression	nonparametric regression	simple logistic regression	Cox proportional hazard regression
Predict value from several measured or binomial variables	multiple linear regression		multiple logistic regression	Cox proportional hazard regression

source: Intuitive Biostatistics by Harvey Motulsky (Oxford: Oxford University Press, 1995); http://www.graphpad.com/www/book/choose.htm (12/09/99).

What Is An Adverse Event and How Do I Report One?

An adverse event is defined as any occurrence of injury, dysfunction, disease or abnormality of any organ or tissue that occurs in a research subject enrolled in a clinical protocol, whether it is expected or unexpected. This event can be related or unrelated to the research protocol.

Serious adverse events are occurrences that are fatal, life-threatening, permanently disabling, require inpatient hospitalization, or result in congenital anomalies, cancer, or overdose. Unexpected adverse events are occurrences that are not listed as potential risks in the approved WRAMC consent form.

Adverse events (including those occurring at other study sites) need to be reported to the WRAMC Human Use Committee (HUC). Reporting requirements vary depending on the nature of the adverse event.

The principal investigator (PI) must report all serious adverse events occurring in subjects enrolled at WRAMC to the HUC within one working day. Serious adverse events from other study sites (if applicable) will need to be reported to the HUC ASAP. For protocols involving investigational drugs or devices, the investigator must also report a serious adverse event to the sponsor of the IND or IDE immediately (within 24 hours).

Serious adverse events must be reported even if the PI believes that the adverse events are unrelated to the protocol (for example, if a subject is enrolled in a study comparing the benefit of two forms of multivitamin tablets and during the course of the study dies in a car accident, the occurrence of that death must be reported as a serious adverse event).

Unexpected (but not serious) adverse events occurring in subjects enrolled at WRAMC which, in the opinion of the PI, are possibly related to participation in the protocol must be reported by the PI within ten working days to the HUC. Non-Serious Expected adverse events (those listed under 'Possible Risks' in the consent form) are reported on the Annual Progress Report.

Investigators needing to report an adverse event should follow the instructions given in the "Principal Investigator's Guide." They are instructed to complete the adverse event template that is available under filename "adverse.doc" on the DCI template disk or on the DCI web site. Click on "Download Protocol Templates."

The adverse event report should summarize the case and justify the investigator's conclusions that the adverse event was either study related or not study related. Copies of pertinent medical documents should also be submitted with the adverse event report to assist the HUC members with their review of the event. For all serious and unexpected adverse events, the PI must forward a copy of the adverse event report to the medical monitor for the protocol.

Failure of the PI to meet these requirements for reporting adverse events will be referred to the Chief, Research Review Service and then to the HUC for further action, which may include suspension of the study.

For further information on adverse events, please contact Ms. Eleanor Bicknell, R.N., DCI Research Associate, at (202) 782-7830 or via E-mail at Eleanor.Bicknell@na.amedd.army.mil.

Gene Patent Guidelines Focus on Utility

A recent article reprinted from the New York Times, 9 January 2001

WASHINGTON - Already under fire from a public worried that gene therapy is unsafe, developers of gene therapies may face further challenges via a new set of guidelines issued by the US Patent and Trademark Office (PTO).

Some observers believe the guidelines, which were released on Friday, could make it more difficult to obtain patents on genes.

The PTO guidelines focus on the ``utility'' requirement of the patent statute, which requires that an invention be useful in order to be patentable. The guidelines tighten the utility rule with language stating that a claimed invention must be ``specific, substantial and credible.''

The guidelines also instruct patent examiners to reject a patent claim if the applicant offers no credible assertion of specific and substantial utility and if the claimed invention "does not have a readily apparent, well-established utility."

Because gene-based therapeutics remain a largely uncharted field, some experts are suggesting that the new guidelines could make it more difficult for companies developing gene-based products to get patent protection for genes or gene fragments if they cannot clearly define their specific use.

Based on a statement issued Thursday by the PTO, concern over the new guidelines by some in the biotech industry is not entirely unfounded. The PTO news release states that ``The utility Guidelines are applicable to all areas of technology (but) are particularly relevant in

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Pa. Firm Asks FDA To Back Experiment Forbidden in U.S.

A recent article reprinted from the Washington Post, 23 February 2001

The Food and Drug Administration is weighing whether to approve a Pennsylvania biotechnology company's proposal to conduct an experiment that would leave hundreds of sick, premature infants in Latin America without proven lifesaving medications.

The experiment would be considered unethical in the United States, where researchers are not allowed to use placebos -- or dummy medicines -- on test subjects suffering from potentially fatal illnesses for which there are proven treatments. But Robert J. Capetola, president of Discovery Laboratories of Doylestown, Pa., said its planned tests on newborns with a serious lung disease could shave 18 months off of the development of an important drug.

In some poor Latin American hospitals, Capetola said, infants with the lung illness may not have access to established drugs and would not be left worse off by placebo treatment. He said infants in the study would receive better care than is currently available because Discovery would donate ventilators and antibiotics for their use.

The company wants the FDA to approve the research in case it wants to use the test results to try to market the drug Surfaxin in the United States for treatment of respiratory distress syndrome. The study would divide infants into three groups: those on Discovery's experimental lung medication, those who get another established drug, and a third group that would get only placebo treatment.

That design would enable the company to show whether its unproven product is better than a competitor's but also whether it's better than no treatment at all.

Disclosure of the proposed Latin American experiments comes at a time of mounting concern that drugmakers in the United States and other wealthy nations are increasingly testing new medicines in developing countries where costs are low, patients plentiful and government oversight lax. Placebo trials in particular have generated heated international debate since the mid-1990s, prompted in large part by HIV tests in Thailand and Africa that withheld proven drugs from some pregnant women whose children then were born infected with the virus that causes AIDS.

It would be virtually impossible for a company to include a no-treatment group in a test on the infant lung illness in the United States because standard care in American hospitals -- and in most developed countries -- calls for using established drugs known as surfactants that significantly reduce newborn deaths and complications.

Withholding lifesaving care for respiratory distress syndrome for the sake of a drug experiment is "considered unethical in the USA," according to an FDA document discussing the Discovery Laboratories proposal.

Discovery also plans an experiment on newborns in Europe, Capetola said, where all infants tested would receive some drugs: either Discovery's experimental surfactant or another already approved surfactant.

In the Latin America study, Capetola said that using a placebo group would produce faster comparative results. "We think it would be totally unethical not to include it and get it to patients quicker," he said.

But Sidney M. Wolfe, director of the watchdog organization Public Citizen's Health Research Group, yesterday called the test "totally unethical." His group released FDA documents about the proposal and called on both the FDA and U.S. Department of Health and Human Services to halt the research.

"It is the worst kind of race to the ethical bottom," said Peter Lurie, deputy director of Public Citizen's Health Research Group. Surfactant treatment for a premature infant in the United States costs between $1,100 and $2,400. He said Latin American families would be taking part in a test of a product that would ultimately be too expensive for them to afford.

But Capetola said that if Surfaxin proves successful it will be sold at a reduced price to the Latin American countries that hosted the research.

Respiratory distress syndrome is the fourth-largest cause of infant mortality in the United States. In 1990, the FDA approved the first commercially available surfactant, a drug that reduces tension in the infants' tiny lung air sacs. Four surfactants are now marketed in the United States.

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FDA Proposes a New Public Disclosure Rule for Gene Therapy and Xenotransplantation Clinical Trials

Press Release from U.S. Food and Drug Administration, 17 January 2001

The Food and Drug Administration (FDA) today issued a proposed rule that would make publicly available information on all new or ongoing clinical trials involving either gene therapy or xenotransplantation. Under this proposed rule, published today in the Federal Register, FDA would provide public access to most of the study design and safety information about these types of studies. FDA would not release confidential business information or personal information related to study participants.

"Today's action is an important step in ensuring greater public confidence in these revolutionary therapeutic technologies," said FDA Commissioner, Jane E. Henney, M.D. " Both of these technologies hold great promise, but they may also pose a remote, but unique risk to the individuals who have volunteered to participate in these types of studies. Our proposal will ensure that the public is fully informed as we investigate these new public health opportunities and challenges."

Human gene therapy is defined as the administration of genetic material to modify or manipulate the expression of a gene product or to alter the biological properties of living cells for therapeutic use. Cells may be modified outside the body (ex vivo) for subsequent administration to the subject or altered in the body (in vivo) by gene therapy products given directly to the subject.

Xenotransplantation refers to any procedure that involves the transplantation, implantation, or infusion into a human recipient of either (1) live cells, tissues, or organs from a nonhuman animal source; or (2) human body fluids, cells, tissues, or organs that have had ex vivo contact with live nonhuman animal cells, tissues, or organs.

The proposal will also ensure that FDA's policies for public access to this information are compatible with those of other government agencies that oversee these types of research. Much of the information that would be disclosed about gene therapy trials under this proposal is already publicly discussed in open meetings of the Recombinant DNA Advisory Committee of the National Institutes of Health. Similarly, information about xenotransplantation trials will also be publicly available through the Secretary's Advisory Committee on Xenotransplantation, which is being assembled by the Department of Health and Human Services.

Under the rulemaking process there will a 90 day public comment period on this proposal. Written comments may be submitted to: Dockets Management Branch, Food and Drug Administration, 5630 Fishers Lane, Room 10-61, HFA-305, Rockville, Maryland 20852

Comments can also be e-mailed to FDADOCKETS@OC.FDA.GOV. These comments will be considered in the development of any final rule.

WRAMC March Research Course

DCI presented the WRAMC Research Course on 21 March in Sanford Auditorium at the Uniformed Services University of the Health Sciences (USUHS) in Bethesda, MD. 110 current and potential investigators attended this one-day course.

The objective of this course is to educate WRAMC medical personnel on the ethical issues, current regulations, and design considerations in conducting medical research. Completion of this course is required for all individuals wishing to serve as a Principal Investigator (PI) on a WRAMC research protocol and for Research Coordinators. The course is also encouraged for all personnel involved in research including associate investigators, data analysts, etc.

The first speaker was MAJ Catherine Dinauer, Assistant Chief of DCI, who gave participants a general overview of DCI and the resources available to investigators. Next, Dr. David Cruess of USUHS provided attendees with an overview of research study design, and was followed by DCI's Corrine Maydonovitch. Ms. Maydonovitch presented the attendees with step-by-step instructions on the submission and review of protocols. LTC Christina Yuan ended the morning session with a talk on the risks and benefits of obtaining informed consent.

After a lunch break, the program continued with Dr. Eric Marks on tissue banking, followed by the DCI team of Ms. Robin Howard and Dr. Gregory Fant on how to avoid common mistakes when writing and submitting protocols. The next speaker was Dr. Dale Vander Hamm, formerly of the Human Use Review and Regulatory Affairs office in Ft. Detrick, who spoke on the current application of human subject protection regulations. The last two speakers for the day were Mr. Jay Winchester, Senior Counsel for the U.S. Army Medical Research and Material Command, and COL Charles Bolan of WRAIR. They addressed scientific misconduct and publication issues, respectively.

For more information on the WRAMC Research Course and future dates, see the DCI website or call DCI at 782-6389.

Recently Approved Protocols at WRAMC

Congratulations to the following principal investigators on their recently approved protocols.

Aberdeen Proving Grounds

01-8600: Efficacy of Stretching and Mobilization with Neutral Wrist Splinting Versus Neutral Wrist Splinting Alone in Patients with Carpal Tunnel Syndrome: A Randomized Trial
PI: Walsworth, Matt, CPT 28 March 2001

Department of Clinical Investigation

01-9200: A Prospective, Randomized, Multicenter, Open-Label, Comparative Safety Study of Pegasy vs. Pegasy Plus Ribavirin Treatment vs. A Twelve-Week Treatment Delay in Patients with Chronic Hepatitis C
PI: Sjogren, Maria H., COL, MC 16 March 2001

01-9201: Hepatitis G Virus and Aplastic Anemia
PI: Bednarek, Jana M., Ph.D., DAC 8 January 2001

01- 92004E: Infant mortality among members of minority people in Washington, DC
PI: Gregory Fant, Ph.D., DAC 23 February 2001

Department of Medicine

Endocrinology Service

01-13007E: A retrospective review of the follow up on adrenal incidentalomas at WRAMC
PI: Lewi, Jack, CPT, MC 10 January 2001

Gastroenterology Service

01-14003E: Colonoscopic surveillance of patients with a personal history of adenoma: features predictive of advanced adenoma at 3 year follow-up
PI: Polish, Roger D., CPT, MC 7 December 2000

01-14004E: The Significance of an Abnormal Number of Nonpropagated Waves on GERD, Esophageal Motility, and Dysphagia
PI: Dunaway, Peter, CPT, MC 8 January 2001

01-14005E: The correlation of acid reflux symptoms with objective measures of esophageal reflux by ambulatory pH monitoring and endoscopy: a retrospective analysis
PI: Gorske, Andrew, CPT, MC 19 January 2001

General Medicine Service

01-10005E: Are patients and practice patterns of internists and family physicians different in the age of managed care?
PI: Salerno,Stephen, MAJ, MC 12 February 2001

Hematology-Oncology Service

00-1610: A Phase II, Open Label Study of HuM195 (Humanized Anti-CD33 Monoclonal Antibody) Administered to Patients with Acute Myelogenous Leukema..Failures (RF) of Control Arm of Study 195-301
PI: Byrd, John C., MAJ, MC 4 January 2001

01-1501: CALGB 99901: A Phase II Study of 9 Nitrocamptothecin (9-NC, IND # 60,162) for Hormone Refractory Prostte Cancer
PI: Flynn, Joseph M., CPT, MC 24 January 2001

01-1502: CALGB 59906: A Phase II Study of Sequential Doxorubicin and Topotecan in Relapsed or Refractory Intermediated-or-High Grade Non-Hodgkin's Lymphoma
PI: Drabick, Joseph J., LTC, MC 2 February 2001

01-1503: CALGB 59804: A Phase I/II Study of Gemcitabine/Vinorelbine/Liposomal Doxorubicin in Relapsed/Refractory Hodgkin's Disease
PI: Drabick, Joseph J., LTC, MC 26 January 2001

Infectious Disease Service

01-1901: A Randomized, Open-Label, Phase III, International Study of Subcuanteous Recombinant IL-2 (Proleukin) in Patients with HIV-1 Infections and CD4+ Counts >300/mm3: Evaluation of Subcutaneous Prolleukin in a Randomized International Trial (ESPRIT)
PI: Wortmann, Glenn, LTC, MC 5 January 2001

Nephrology Service

00-1102: Tacrolimus and Distal Renal Tubular Acidosis in the Rat
PI: DeGaetano, Michael, CPT, MC 13 February 2001

01-1100: Electron Beam Computed Tomography as a Screening Tool in the Pre-Renal Transplant Assessment of Patients with End Stage Renal Disease
PI: Williams, Myreon, CPT, MC 1 March 2001

01-1101: Epidemiology of Military Beneficiaries Receiving End-Stage Renal Disease (ESRD) Therapy
PI: Welch, Paul, LTC, MC 29 December 2000

Pulmonary & Critical Care Medicine Service

01-1701: Reference Values for Impulse Oscillometry in Normal Adults
PI: Niven, Alexander S., CPT, MC 13 February 2001

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01-17008E: To determine the accuracy of total arousal

Recently Approved Protocols at WRAMC (continued from page 7)

01-17008E: To determine the accuracy of total arousal index, body mass index and Epworth sleepiness scale in predicting upper airway resistance syndrome
PI: Kristo, David, LTC, MC 5 December 2000

01-17009E: Fludaribine Related Pulmonary Toxicity in Chronic Lymphoproliferative Disorders: Clinical Description of a Poorly Characterized Entity - Part II
PI: Helman, Donald L., CPT, MC 6 December 2000

01-17010E: Enoxaparin for Thromboprophylaxis Following Major Trauma: Potential Cost Implications
PI: Ramage, Anthony S., MAJ, MC 29 January 2001

Department of Nursing

01-7500: Army Nurse Readiness
PI: Murdock, Peter H., CPT, AN 13 February 2001

Department of Obstetrics and Gynecology

00-4304: GOG 172: A Phase III Randomized Trial of Intravenous Paclitaxel and Cisplatin Versus Intravenous Paclitaxel, Intraperitoneal Cisplatin and Intraperitoneal Paclitaxel in Patients with Optimal Stage III Epithelial Ovarian Carcinoma of Primary Peritoneal..
PI: Maxwell, Larry G., MAJ, MC 27 December 2000

01-4301: ACRIN 6651: Role of Radiology in the Pretreatment Evaluation of Invasive Cervical Center
PI: Maxwell, Larry G., MAJ, MC 27 February 2001

01-4400: Fragile Histidine Triad (FHIT) Expression in Advanced Cervical Carcinoma
PI: Rose, Scott G., LTC, MC 9 February 2001

01-4400 Creation of a Tissue Library for the Study of Molecular Alterations Characteristic of Uterine Leiomyomata
PI: Maxwell, Larry G., MAJ, MC 20 March 2001

01-4401: Creation of a Tissue Library for the Study of Molecular Carcinogenesis in Gynecologic Malignancies
PI: Maxwell, Larry G., MAJ, MC 19 March 2001

01-44016E: Predictors of Performance on the In-service Examination in Obstetrics and Gynecology
PI: Armstrong, Alicia Y., COL, MC 6 December 2000

01-44017E: Subspeciality Referral Patterns of Military Gynecologists for Women with Adnexal Masses
PI: Parker, Mary, LTC, MC 12 January 2001

Department of Orthopaedics and Rehabilitation

01-2400: Hip Arthroscopy in Young Active Adults Retrospective Case Series Report
PI: Andersen, Romney C., MAJ, MC 25 January 2001

01-2400: An Observational Study to Record Process Measures and Analyze Cost Related to Iliac Crest Bone Graft Harvest for Spinal Fusion
PI: Polly, David W., LTC, MC 6 February 2001

01-2401: Quantitative Analysis of the Neovascularization of Distraction Osteogenesis from the End of Distraction to Bone Maturity Correlated with Bone Histology, Mechanical Properiteis, and Radiography
PI: Wallace, Roxanne, CPT, MC 12 March 2001

01-2402: Preoperative and Postoperative EMG Analysis of Rotator Cuff Tears: Clinical Outcome Correlation with MRI Findings, Size and Reparability
PI: Doukas, William C., LTC, MC 23 January 2001

Department of Pediatrics

00-6601: POG 9900: ALinc 17 Classification Protocol - A Pediatric Oncology Grop Non-Therapeutic Study
PI: Edwards, Glenn, LTC, MC 22 January 2001

00-6602: POG 9907: ALinc 17 Cytogenetics Protocol: A Pediatric Oncology Group Non-Therapeutic Study
PI: Edwards, Glenn, LTC, MC 1 February 2001

01-64007E: The Role of *Helicobacter pylori* in Peptic Ulcer Disease Among the Pediatric Population eligible for Military Health Care
PI: Rick, James R., MAJ, USAF, MC 14 December 2000

01-64008E: A Survey of Daycare Exclusion Practices for Sick Children in the Greater Washington D.C. Area
PI: Yu, Clifton, LTC 12 February 2001

Department of Radiology

01-4600: Evaluation of Intra-Prostatic Radio-opaque Markers for Prostate Localization and Refinement of External Beam Treatment Techniques
PI: Warlick, William B., MAJ, MC 20 March 2001

01-45000E: Measurement of I-131 Thyroid Uptake Using a Gamma Camera in Comparison with a Thyroid Uptake Probe
PI: Eiping Quang, Ph.D. 6 December 2000

Department of Surgery

Army Audiology & Speech Center

01-2565: Dead Regions in the Cochlea and Their Influence on Speech Processing
PI: Summers, Van, Ph.D., DAC 29 December 2000

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Recent WRAMC Publications

Congratulations to the following WRAMC investigators on their recently published papers. This list was compiled from a recent MEDLINE search of the literature. Listed articles have been cleared through DCI and the WRAMC Public Affairs Office. If you have recently published, and we have not included your publication, please let us know so we may list your publication in the next issue of the newsletter.

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Doctors Say Drug Trial's Approval Was Backdated

A recent article reprinted from the Washington Post, 16 January 2001

The Nigerian doctor who supervised a 1996 Pfizer Inc. drug experiment on desperately ill children said in an interview that his office created a backdated ethics approval document that the American pharmaceutical company later used to satisfy U.S. regulators and to justify its conduct of the human testing.

Abdulhamid Isa Dutse, the physician who oversaw the test of the antibiotic Trovan on children with meningitis, said the letter may have been written as long as a year after the test was completed when Pfizer officials asked him for proof the test was reviewed by a Nigerian ethics board. Nigerian officials are now examining the roles played by Dutse and others in conducting the American company's drug trial, which was the subject of an investigation by The Washington Post.

Pfizer spokesman Andy McCormick said last week that he was unaware of possible irregularities in the Nigerian ethics approval document. "We are currently investigating it. We are cooperating with the authorities in Nigeria," he said.

The New York-based company gave the letter to the U.S. Food and Drug Administration in 1997 during an audit of records supporting its application to use Trovan for treatment of children during a meningitis epidemic. U.S. regulations require that if a company intends to use foreign medical research to support a drug application, the experiments must be reviewed and formally approved in advance by an ethics committee.

FDA officials last week declined to comment on the Pfizer case, but one official said it is a violation of federal law to knowingly submit false documents to a government regulatory agency.

Typed on the letterhead of the Aminu Kano Teaching Hospital and dated March 28, 1996 -- six days before Pfizer's experiment began -- the letter said the hospital ethics committee had reviewed the plan to test Trovan on 100 children with meningitis and found the protocol to be "adequate." The letter gave permission for the test to proceed.

But Sadiq S. Wali, the hospital's medical director, recently told The Washington Post the document was "a lie." He said the hospital had no ethics committee at the time Pfizer's test was underway and did not organize it -- or create the letterhead stationery bearing his name that was used in the approval letter -- until months later.

"The hospital is quite clear: We had no ethical committee," he said in a telephone interview.

Reached by telephone in Kano last week, Dutse said it was "possible" that the approval letter was drafted up to a year after the trial.

Dutse, who was listed as Pfizer's "principal investigator," Said he felt that the letter reflected the informal approval he had obtained from three doctors, who reviewed Pfizer's test plans and told him they saw no ethical problems. No records were prepared at the time, he said.

But one of the doctors Dutse cited, Idris Mohammed, last week disputed Dutse's account. Reached in London, Mohammed said: "There was no ethical committee at the time of the trial, none met, and no approval was properly given for the trial."

In fact, Mohammed said that he challenged the legality of Pfizer's experiment while it was underway and that he demanded unsuccessfully to see documents proving it had been properly authorized.

"You shouldn't try an experiment in an epidemic," said Mohammed, a medical professor who now heads the Nigerian federal immunization program. "You needed to give these patients something that was proven."

Mohammed said that in 1996 he took his concerns to a senior official in the Nigerian government -- then controlled by a military dictator, Gen. Sani Abacha -- but was overruled.

Since the experiment, Pfizer repeatedly has cited the Nigerian committee's approval as proof its experiment was ethical. The testing was carried out on children and infants during a record-breaking meningitis epidemic that killed more than 15,000 Africans.

The Post's Dec. 17 article recounted how Pfizer physicians tested the company's then-unapproved antibiotic in the impoverished northern Nigerian state of Kano. The drug was later associated with liver damage and deaths in the United States and its use was restricted.

Pfizer described the Nigerian test as a humanitarian venture, but medical specialists and international aid workers attacked it as unethical and challenged the company's claim that the children knew they were part of an experiment.

Pfizer officials have said that the Nigerian ethics committee approved giving some Nigerian children an oral formulation of the antibiotic instead of a fast-acting intravenous version used in U.S. meningitis tests.

(Continued on page 11)

Many Cancer Patients Unaware of Clinical Trials

A recent article reprinted from the New York Timest, 23 January 2001

Many cancer patients are not aware that they can get access to experimental treatments by taking part in clinical trials designed to evaluate the treatments, results of a new Harris Interactive survey suggest.

``An alarming number of cancer patients say that they were never told or didn't know about the possibility of enrolling in a clinical trial for their treatment,'' Peter Risher of Harris Interactive told Reuters Health in an interview.

Clinical trials are studies that closely monitor the progress of patients as they take an experimental drug or treatment.

Interviews of nearly 6,000 cancer sufferers revealed that about 85% were either unaware or unsure that they could participate in a clinical trial. Three out of four of these individuals said they ``would have been willing to enroll had they known it was possible.''

Among the 16% who knew about the trials but declined to participate, 30% believed that the therapy used in the trial would be less effective than ``the standard treatment'' and 31% feared that they might receive an inactive placebo rather than the treatment under review. Another 22% feared being treated "like a guinea pig," and 20% feared the cost would not be covered by their insurance. However, many of the fears seem to be unfounded. ``A placebo is never used in cancer treatment,'' Risher explained.

And 82% of the respondents who reported participating in a clinical trial said they did not feel they had been treated like a guinea pig. In fact, 93% said that their overall experience was positive and 76% said they ``would recommend participation to someone else with cancer.''

``In other words, the fears of non-participants are generally inconsistent with the experiences of those who have participated in cancer trials,'' the report states.

People interested in participating in clinical trials should ask their doctor, their nurse, or explore the Internet, Risher suggested. ``Once a patient finds a clinical trial that may be appropriate, they should continue to ask questions of health professionals to find out what they can expect from the trial itself.''

ClinicalTrials.gov, a website run by the National Institutes of Health, provides current information about federal and private clinical research studies.

Washington Post Article (From Page 10)

A Pfizer spokeswoman also said the ethics committee decided there was no need to warn Nigerian parents that young lab animals given Trovan-class antibiotics had suffered joint damage. American parents were told of the lab animal results in a subsequent Trovan trial.

After receiving a copy of the ethics approval letter from The Post, Wali said he confronted Dutse and the doctor "did admit to me he was wrong," although he provided few specifics.

Tim Menakaya, Nigeria's health minister, said he had appointed a federal investigative panel charged with determining whether the trial was conducted legally and, if so, whether the experiment was "morally right."

"I am investigating all of it," Menakaya said.

The probe is headed by Abdulsalami Nasidi, a senior health official who said that he, like Mohammed, considered the experiment to have been unethical in 1996 but failed in attempts to block it.

"It is a very serious problem; procedures were not followed," Nasidi said. "We are going to get to the root of the problem."

Nasidi said that his investigation, whose findings will be forwarded to Nigerian President Olusegun Obasanjo, failed in initial attempts to locate "detailed evidence" that Pfizer's investigators had secured the needed authorization before launching the experiment. Dutse said he spent two days last week addressing a closed session of the panel.

The Post's investigation has generated a flurry of stories in the Nigerian press, which have reported that "widespread condemnation rages." Editorials have called for international investigations, federal lawsuits and criminal prosecutions.

Nigerian newspapers -- always fiery and at times less than entirely factual -- have quoted parents who contend their children had serious disabilities or died after treatment.

"The government has a duty to tell us whether our children were used as guinea pigs and, if so, who committed such criminality and who is liable," said the Vanguard newspaper.

Designing Studies of Medical Tests

by Gregory Fant, PhD, MPA, MSPH

Newman, Browner, and Cummings (2001) in the chapter entitled "Designing Studies of Medical Tests" (from **Designing clinical research: an epidemiologic approach (second edition)** by Stephen Hulley, et. al. Philadelphia: Lippincott Williams & Wilkins, 2001) wrote that medical tests--such as those used to screen for a risk factor, diagnose a disease, or estimate a patient's prognosis--have become an important subject of medical research because these tests influence the cost of medical care. To determine whether a medical test is useful, Newman, Browner, and Cummings (2001, p. 176) presented a table showing possible study designs and types of statistics that may be used to address a type of question regarding the usefulness of a medical test. The table is reproduced below:

Questions to Determine Usefulness of a Medical Test, Possible Designs to Answer Them, and Statistics for Reporting Results		
Questions	Possible Designs	Statistics for Results*
How reproducible is the test?	Studies of intra- and inter-observer and intra- and inter-laboratory variability	Proportion agreement, kappa, coefficient of variation, mean and distribution of differences (avoid correlation coefficient)
How accurate is the test?	Cross-sectional, case control, or cohort-type designs in which test result is compared with a "gold standard"	Sensitivity, specificity, positive and negative predictive value, ROC curves, and likelihood ratios
How often do test results affect clinical decisions?	Diagnostic yield studies, studies of pre- and post- test clinical decision making	Proportion abnormal, proportion with discordant results, proportion of tests leading to changes in clinical decisions; cost per abnormal result or per decision change
What are the costs, risks, and acceptability of the test?	Prospective (cohort) or retrospective (case control) studies	Mean costs, proportions experiencing adverse effects, proportions willing to undergo the test
Does doing the test improve clinical outcome or have adverse effects?	Randomized trials, cohort or case control studies in which the predictor variable is receiving the test and the outcome includes morbidity, mortality, or costs related either to the disease or to its treatment	Risk ratios, odds ratios, hazard ratios, number needed to treat, rates and ratios of desirable and undesirable outcomes

*Most statistics in this table should be presented with confidence intervals

The above table may assist the clinical investigator in evaluating studies reported in the medical literature that purport a diagnostic test maybe useful in clinical practice. Within this context, Newman, Browner, and Cummings wrote (2001, p. 175):

"Testing for statistical significance plays a small role in the analysis of studies of diagnostic tests because knowing a test performs better than would be expected by chance alone is not nearly enough to determine its usefulness. Instead, descriptive statistics (and associated confidence intervals [CIs]) describing sensitivity, specificity, and other aspects of test performance are used."

Please refer to the cited text for a complete discussion of this topic.

Clinical Research Websites of Interest

ClinicalTrials.gov (www.clinicaltrials.gov): The NIH, through its National Library of Medicine, has developed this site to provide patients, family members and members of the public current information about clinical research studies.

HealthPathfinder (www.law.uh.edu/healthpathfinder): This informative web site, created by the Health Law and Policy Institute, University of Houston, contains hundreds of annotated links pertaining to health law, health policy, and general health.

American Society for Bioethics and Humanities (www.asbh.org): ASBH is a professional society of more than 1,200 individuals, organizations, and institutions interested in bioethics and humanities. This Web site, established in January 1998, is intended initially to serve as a source of information about ASBH for members and prospective members. It also will serve as a resource for anyone interested in bioethics and humanities by providing a group of further on-line resources and links to aid in finding other related information through the Internet.

Centers for Disease Control's-Associate Director of Science (www.cdc.gov/od/ads): The goal of the ADS is to promote scientific excellence and integrity. Links on this website include: Advisory Committee on Immunization Practices; Animal Board Policy Board; National Vaccine Program Office; Technology Transfer; and Human Subjects Research.

Bioethics.net (www.bioethics.net): This site is produced and supported by the Center for Bioethics at the University of Pennsylvania and claims to be the Internet's first, largest, and most often visited site on bioethics.

Human Genome Project Information (www.ornl.gov/hgmis/resource/media.html): This is a good overall website on the HGP through the Oak Ridge National Laboratory with links to the history; ethical, legal, and social issues; press releases; research in progress; and an image gallery on the Human Genome Project.

Nature-Genome Gateway (www.nature.com/genomics/human): This is a special section of the Genome Gateway through *Nature* (15 Feb 2001) to mark the publication of the initial sequencing and analysis of the human genome. This site offers free and unrestricted access to all of their genome related material including research papers, editorials, and expert analysis of the descriptions of the sequence generated by the publicly sponsored Human Genome Project.

Science-Human Genome Special Issue (www.sciencemag.org/content/vol291/issue5507/#newsfocus): This is a special issue of Science (16 Feb 2001) that focuses on the draft sequence reported by the private company, Celera Genomics. Links to this site include: an editorial, an overview of the Human Genome Sequence, analysis of the genetic information, and future directions.

Department of Veterans Affairs, Office of Research Compliance and Assurance (www.va.gov/orca): ORCA created its web site as a means to provide the research community with timely information about educational opportunities and compliance related issues.

National Center for Biotechnology Information (www.ncbi.nlm.nih.gov): The NCBI was established in 1988 as a national resource for molecular biology information. NCBI creates public databases, conducts research in computational biology, develops software tools for analyzing genome data, and disseminates biomedical information.

Applied Research Ethics National Association (www.primr.org/arena.html): Includes information about mission, board of directors, activities, training, and membership. ARENA is a national membership organization for professionals concerned with issues relating to the protection of human subjects, the humane care and treatment of animals, scientific misconduct, ethical decision-making in healthcare, and other ethical issues pertaining to biomedical and behavioral research.

Dr. Koop's Clinical Trials Library (www.drkoop.com/hcr/trials/library.html): Provides information about the reasons clinical trials are conducted, basic research methods, future research, cautionary tales for patients and much more.

Belmont Report (ohrp.osophs.dhhs.gov/humansubjects/guidance/belmont.htm): Important reading for every researcher and every person deciding whether or not to be a subject in a research study. Report written in 1979 by a national commission looking into the conduct of clinical research in human subjects.

New York Times Article (From Page 4)

areas...such as gene-related technologies, where uses for new materials that have been fully characterized are not readily apparent."

Others, however, are more sanguine about the new rules. ``We have been very supportive of the new guidelines," Sabrina Johnson, spokeswoman for South San Francisco-based biotech firm Genentech, told Reuters Health.

PTO's new policy ``creates a higher bar for the biotech industry in demonstrating (gene therapies') function and use, `` she said. ``We believe it is the best way to provide incentives for further pursuit of new, innovative therapies," she noted.

Washington, DC patent attorney Aaron Schulman told Reuters Health that although he has not yet had time to comprehensively review the new guidelines, they do not appear to be a "significant departure" from the previous approach ``in the sense that you always had the utility requirement even as it applied to genes."

He explained that ``you can have a gene that codes for a specific protein, but you're not sure what the protein does. This is why (the new guidelines) are not dissimilar (to existing rules), because you still have to make a showing of the utility of that protein by drawing comparisons to similar proteins," he said.

Instead, the new guidelines seem to be more ``black and white" about each party's burden of proof as well as what the utility showing must be, he noted. For example, the new rules appear to give the patent examiner more discretion to reject the inventor's initial assertion of utility, thereby shifting the burden of proof to the inventor, he said.

Indeed, the PTO's new guidelines repeatedly make clear that genes and gene-based products remain within the scope of patent protection. For example, the agency published a number of public comments seeking to ban gene patents, all of which PTO rejected.

Some parties argued that genes were not patentable because they are ``discoveries" rather than inventions" and that genes "already exist in nature." PTO responded that an excised gene, for example, is eligible for a patent because ``that DNA molecule does not occur in that isolated form in nature."

The agency also stressed that the new guidelines ``do not constitute substantive rulemaking and thus, ``do not have the force and effect of law.''

WRAMC Clinical Breast Care Project (From Page 1)

noted that the risk of developing breast cancer may be decreased by up to 50 percent if patients are identified as being at high risk.

The CBCP at WRAMC will work in conjunction with USUHS and the Joyce Murtha Breast Cancer Center on the campus of the Windber Medical Center in Windber, PA. A series of cutting-edge cooperative research programs are planned with the hopes of changing the way the world identifies, attacks, and cures breast cancer. The Windber facility will house a 9000 sq ft microarray and proteomics facility, with an associated immunology lab at USUHS being renovated for tumor vaccine development.

According to Dr. Shriver, the whole project is built around genomics with the goal to “prospectively provide the capability for all patients when they come in the center that tissue and serum (and possibly urine) are stored to study them, or in patients that do not have cancer to keep a storehouse for the future should they go on to develop cancer. We can then go back and pull that serum out and look for any protein that might have been identified as cancer related proteins based on the research that is being done in the cancer patients.”

The project will work the following way: Tissue and serum will be collected at the time of surgery from consenting patients, stored in freezers at WRAMC, and then transferred to Windber's genomic laboratory for analysis. That data will then be entered into a clinical and demographic database, which can then be routed back to clinical trials. Dr. Shriver explained that “rather than having to test thousands of patients you can actually look at much more targeted interventions and look at the genetic changes that occur.”

Informatics is also a critical aspect of the CBCP, with the goal of creating a reliable breast disease database that integrates clinical data with genomics and pathology data. Dr. Shriver stated that there is “no nationally robust database with data integrity” for breast cancer. The databases that are available offer very limited data with poor quality control and a 15-20 percent error rate. The steering committee for the CBCP has already met with the National Cash Register (NCR) to develop such a database.

WRAMC sees over 160 new breast cancers a year, which is the highest in the military, and treats over 4000 breast patients annually. “This is a tremendous clinical amount that can be harvested and used for research,” LTC Shriver noted.

Gene Therapy Death Linked to Protein

A recent article reprinted from the New York Times, 27 January 2001

PHILADELPHIA -- Researchers believe the death of an Arizona teen in a botched gene therapy experiment was caused by a massive immune system reaction associated with a protein used in the study.

University of Pennsylvania scientists say the protein was intended to carry new genes into Jesse Gelsinger's damaged liver, but instead triggered the immune system response, which ultimately led to a coma and organ failure.

Tests in monkeys suggest that the immune system tried to destroy the foreign protein so much that it ended up eliminating proteins that cause blood to clot.

Gelsinger's Sept. 17, 1999, death, the first known to have been caused by gene therapy, resulted in a lawsuit against the university and potential action by the Food and Drug Administration against lead researcher James M. Wilson.

Wilson, director of Penn's Institute for Human Gene Therapy, discussed the findings at a closed-door medical symposium attended by several hundred gene-therapy researchers earlier this month in Snowbird, Utah.

He declined to comment until the findings are published in a medical journal, but several scientists told The Philadelphia Inquirer about the results.

``He did a nice piece of detective work and made an extremely important observation,'' said Jeffrey S. Chamberlain, a University of Washington researcher. ``It's a safety feature that we now have to look at.''

An attorney representing the family of Gelsinger, 18, expressed disappointment in the findings. In November, the family settled a wrongful death lawsuit with Penn for an undisclosed sum.

``What Dr. Wilson also seems to have confirmed is that this clinical trial should never have been approved and started,'' Alan Milstein said.

In March, the FDA accused Wilson of violating safety regulations. He faces an FDA action that aims to strip him of his right to conduct clinical trials in the United States.
The FDA ordered Wilson and the school to halt human drug trials.

He has also been accused of having a conflict of interest because a company he established funded part of the research.

Recently Approved Protocols at WRAMC (continued from page 8)

General Surgery Service

01-2001: Creation of a Database of Patients at a High Risk for Breast Cancer
PI: Shrvier, Craig D., LTC, MC 22 January 2001

Orthopaedic Surgery Service

01-24012E: A Retrospective and Controlled Study to Evaluate the Ability of Scoliosis/Spine Specialists to Arrive at a Treatment Decision by Telemedicine
PI: Polly, David, LTC, MC 23 February 2001

Otolaryngology-Head & Neck Service

00-2508: Sotradecol Injection Sclerotherapy in the Base of Tongue for the Treatment of Sleep Apnea Using the Ferret Model
PI: Brietzke, Scott E., CPT, MC 24 January2001

Urology Service

01-28006E: Clinical Outcomes in Stage A Prostate Cancer
PI: Brassell, Stephen A., CPT, MC 5 December 2000

Deployment Health Clinical Center

01-89004E: Are lower levels of acculturation associated with psychological distress among Asian Americans seeking primary care?
PI: Engel, Charles, LTC, MC 19 January 2001

01-89005E: Epidemiologic Analyses of Comprehensive Clinical Examination Program (CCEP)
PI: Engel, Charles, LTC, MC 19 January 2001

01-89006E: Veteran Status, Health and Mortality in Older Americans
PI: Xian Liu, Ph.D., DAC 1 March 2001

Dewitt ACH, Fort Belvoir, VA

01-8300: Factors Related to Infant Feeding Choices
PI: Bell, Michael R., MAJ, MC 16 March 2001

Landstuhl Regional Medical Center

01-80001E: Comparison of Viral Culture and Standard Identification Methods With Lightcycler PCR
PI: Hickman, Mark R., MAJ 6 December 2000

Attention DCI Employees! Don't Forget Your BMAR!

All DCI personnel must be up to date in their BMAR training and are expected to complete BMAR using the online method at

http://160.151.186.9/walterreed/

Your login is your last name and SSN with no dashes or spaces. Select *Computer Assignments*.

DCI personnel are reminded to print off their evaluation sheets after they complete the training and forward these sheets to Kim Toppin. These sheets certify that you have completed the course.

The online BMAR takes approximately 2½ -3 hours to complete, with short quizzes at the end of most sections to test your knowledge of the covered material.

BMAR is still given didactically every other month. The next didactic versions of BMAR will be given on 09 May and 11 July from 0730 to 1230 in Joel Auditorium.

The following DCI personnel have birthdays in the months of April, May and June:

Verna Parchment (01 April)
SPC Brian Reinhardt (06 April)
Walter Van Summers (09 April)
Maged Abdel-Rahim (13 April)
Gregory Fant (10 May)
Irone Green (30 May)
Audrey Chang (04 June)
MAJ Catherine Dinauer (07 June)
Corrine Maydonovitch (10 June)
Michelle Porter (11 June)
Daisy Word (11 June)
Sabita Lahiri (18 June)

Washington Post Article (From Page 5)

HHS spokesman Bill Hall said Secretary Tommy G. Thompson "would not get involved in a regulatory issue. . . . That's for the FDA to decide."

Janet Woodcock, director of the FDA's Center for Drug Evaluation and Research, said Discovery's proposed experiment remains "under consideration." If the agency concludes the design is unethical, she said, the drug's developers could legally perform the trial outside the United States. But the FDA might refuse to accept the findings as proof the drug is safe enough for Americans, she added.

The Surfaxin proposal was discussed at an FDA ethics round table a month ago specifically because there is a division of opinion inside the agency on the ethical questions it raises, Woodcock said.

The growth in overseas testing was documented in December in a Washington Post series called "The Body Hunters." The articles recounted instances in which American researchers had conducted experiments in impoverished nations that would have been forbidden in the United States.

Inquiring Minds is published quarterly by the Department of Clinical Investigation, WRAMC, as a service to DCI employees and the WRAMC research community.

Contact Information:
Walter Reed Army Medical Center
Department of Clinical Investigation
6900 Georgia Avenue, NW
Borden Pavilion (Bldg 6)
Washington, DC 20307-5001

Tel: (202) 782-6389
Fax: (202) 782-3881
E-mail: WRAMC.DCI@NA.AMEDD.ARMY.MIL

Any submissions or questions about content should be directed to CPT Ken Capps at (202) 782-7823.

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